

ORIGINAL

Facility Response Plan Tracking System  
DATA Input Form

DataBase #: \_\_\_\_\_ Regional #: WV FRP 005

Owner Last Name: Pennzoil Products Company First Name: \_\_\_\_\_

Facility Name: Etowah Terminal

Example: 123 N MAIN ST NW SUITE 100 P.O. BOX 2000

Street Number(EX. '123'): 1015

Prefix (ex. 'N'): \_\_\_\_\_

Street Name (ex. 'MAIN'): Barlow

Street Type (ex. 'ST'): Dr.

Suffix (ex. 'NW'): \_\_\_\_\_

Additional Information (ex. 'Suite'): \_\_\_\_\_

Post Office Box Number (ex. '2000'): \_\_\_\_\_

City: Charleston State: WV Zip: 25311

Facility phone number: (304) 342 - 8161

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IF MAILING ADDRESS IS NOT THE SAME AS THE FACILITY THEN ENTER BELOW:

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Largest tank capacity(gallons): 420,000

Maximum storage capacity (gallons): 3918000

Total number of storage tanks: 12

Dun and Bradstreet number: 055 573 745 Primary SIC code: 5171

Worst case discharge amount (gallons): ~~1,680,000~~ 2,100,000

Lead agency for response?: USCG

~~THIS COVER SHEET~~

Facility operations include oil transfer to vessels over water? (Y/N): Y  
Facility lacks adequate secondary containment for any tank? (Y/N): N  
Facility located near public drinking water intake? (Y/N): (Y) 2 miles  
Facility located near an environmentally sensitive area? (Y/N): (Y) 1/4 mile  
Reportable spill > 10,000 gal. and capacity > 1,000,000 gal.? (Y/N): N  
Facility latitude: 38-22-09 Facility longitude: 91-36-20  
Distance from facility to water (miles): 0  
Contact first name: Michael Last name: Dudley  
Title of contact person: Terminal Manager  
Number of ASTs: 9 12 Total AST capacity (gallons) : 3918000  
Number of USTs:        Total UST capacity (gallons) :         
Date response plan received: Feb 19, 1993  
Facility poses significant/substantial harm? (Y/N):         
Date facility certification received:         
Facility certification adequate? (Y/N):         
Facility granted 2 year extension? (Y/N):         
Response plan Reviewed? (Y/N):         
Date Response plan review completed:         
Modifications to response plan necessary? (Y/N):         
Date Modifications to response plan due:         
Date Modifications to response plans received: